

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
CASE NO: 0:22-CV-61553-WPD

CRUZ VALDIVIESO FIGUERA,

Plaintiff,

vs.

**ALL VIP CARE, INC., &
LIZ VELAZQUEZ McKINNON,**

Defendants.

**DEFENDANTS' ANSWER TO PLAINTIFF'S INTERROGATORIES PROPOUNDED
UPON DEFENDANT ALL VIP CARE, INC.**

The Defendants in accordance with Fed. R. Civ. P. 33 and Local Rule 26.1, et al., file this Answers to the Plaintiff's Request for Interrogatories propounded on November 11, 2022; and in support thereof states:

1) Please identify each person answering or assisting in answering these interrogatories, and his/her relationship to All VIP:

Answer: Liz Velazquez Mckinnon, owner and Chief Executive Officer.

2) Please identify by name, address and telephone number, any person who has or may have knowledge of any relevant facts or discoverable matter relating to the subject of this lawsuit, including the claims and defenses asserted, and state the substance of the knowledge that you believe or have reason to believe each of these persons may have.

Answer: Liz Velazquez Mckinnon, can be reached through her undersigned counsel.

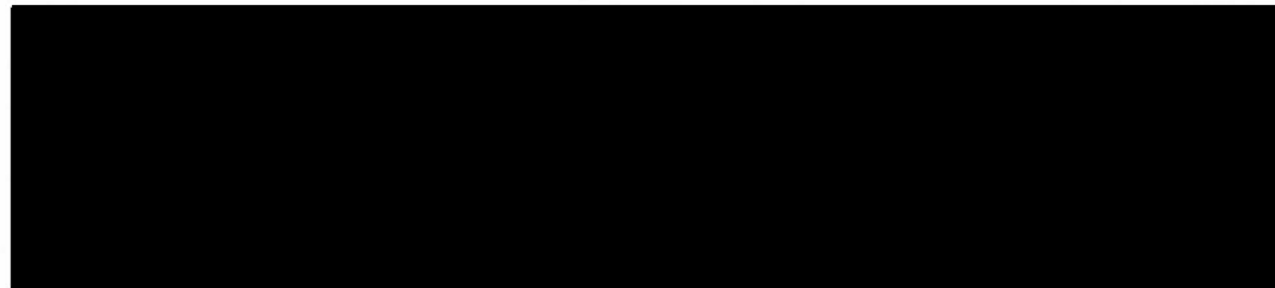
3) List Plaintiff's dates of work, position/titles, rates of pay, method of payment, tasks performed, and where they were performed for All VIP.

Answer: The Plaintiff did not provide services for VIP. See documents provided.

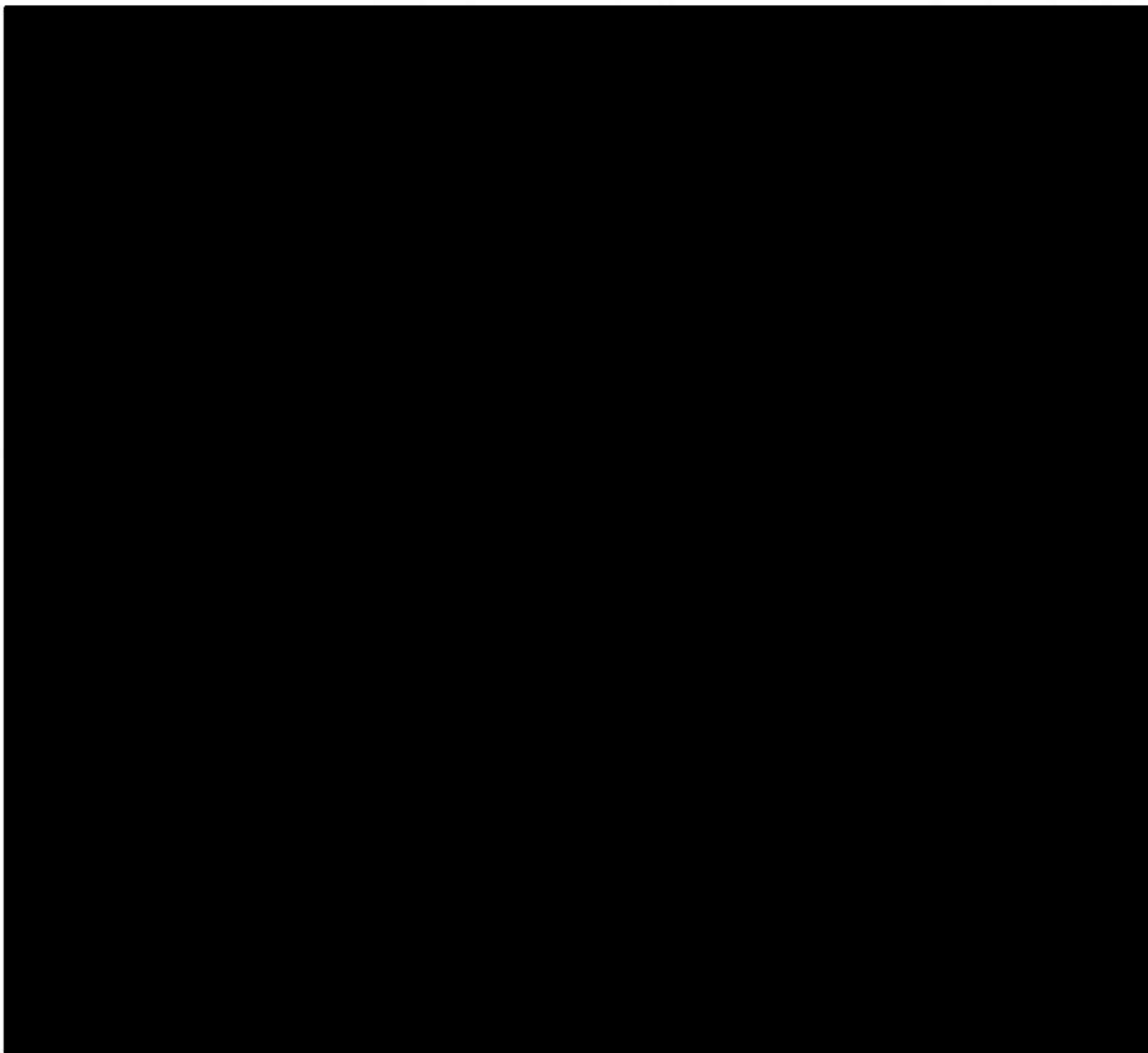
4) On a day-to-day basis, identify all persons with managerial and/or supervisory roles over Plaintiff, and provide the last known address for each person if not currently employed by All VIP.

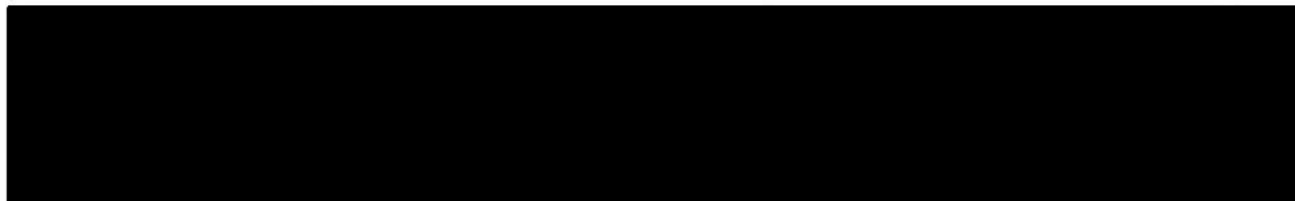
Answer: The client has full managerial and supervisory control over the Plaintiff. Defendant only administers the relationship between client and Plaintiff.

5) Describe all facts that support your defenses that Plaintiff's claims for unpaid / underpaid wages, minimum wages, and/or overtime wages are barred, overstated, and/or unrecoverable.

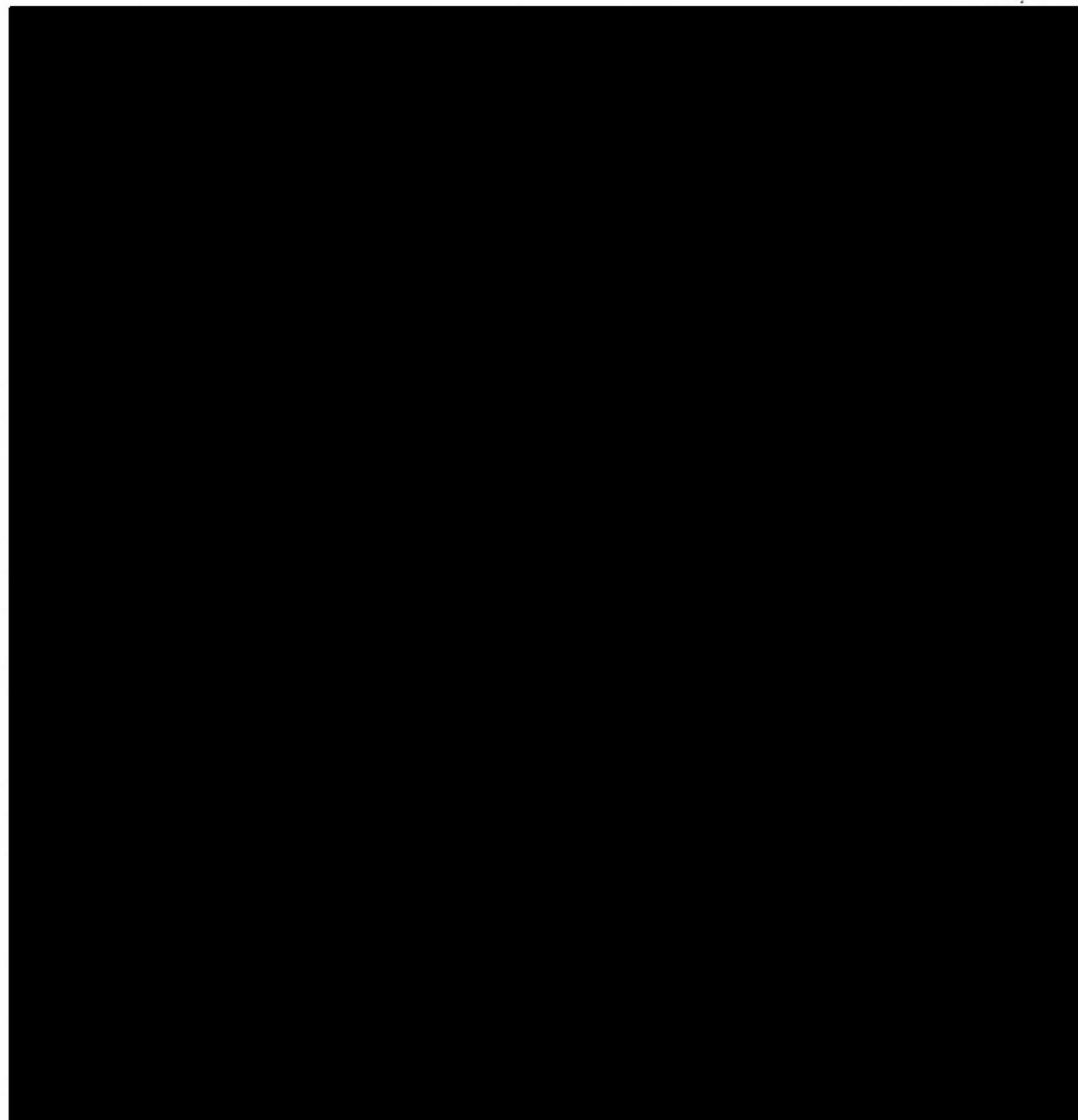


6) Please state the last known address, telephone number, and email address for each HHA who supervised Plaintiff in her work in 2020, 2021, and/or 2022, and state the hourly rate that you paid to each such person:





7) Please identify each type of document that you made, kept, or preserved relating to the employment, hiring, work terms, payments to, earnings by, deductions from, insurance, or benefits to/of/for Plaintiff from March 2020 to July 2022.



8) Please identify all persons who had the authority, at any time from March 2020 to July 2022 to employ, hire, or recruit workers for VIP. In your response please specify the year or years that each person that you identify had this authority.

Answer: At all time material to this action the client has full dominion and control of the employment, hiring, firing of the Plaintiff, along with AHCA. Liz Velazquez Mckinnon, owner and Chief Executive Officer and Diana Ramirez, the Broward area administrator only administer the wishes of the client.

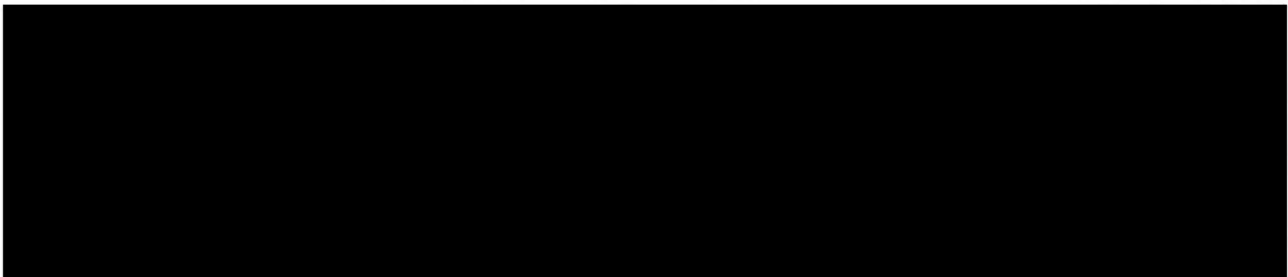
9) Please list any lawsuits, prosecutions, or administrative agency proceedings in which you have been a party or in which your representatives/officers/directors have testified during the last five years involving unpaid/underpaid wages, providing the style, cause number and court or agency in which each action was pending, and briefly describing the nature and outcome of each proceeding.

Answer: None.

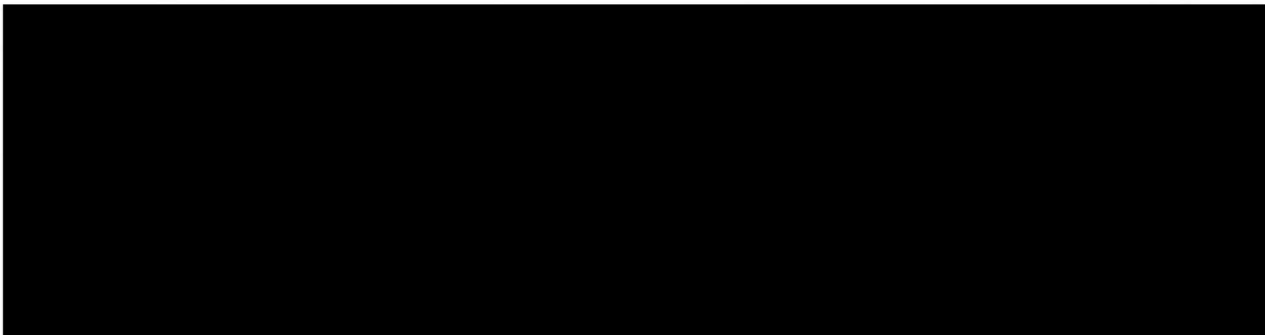
10) Please identify each person who you expect to provide expert testimony in any deposition in this case or at trial and state the subject matter on which each such person may give expert testimony.

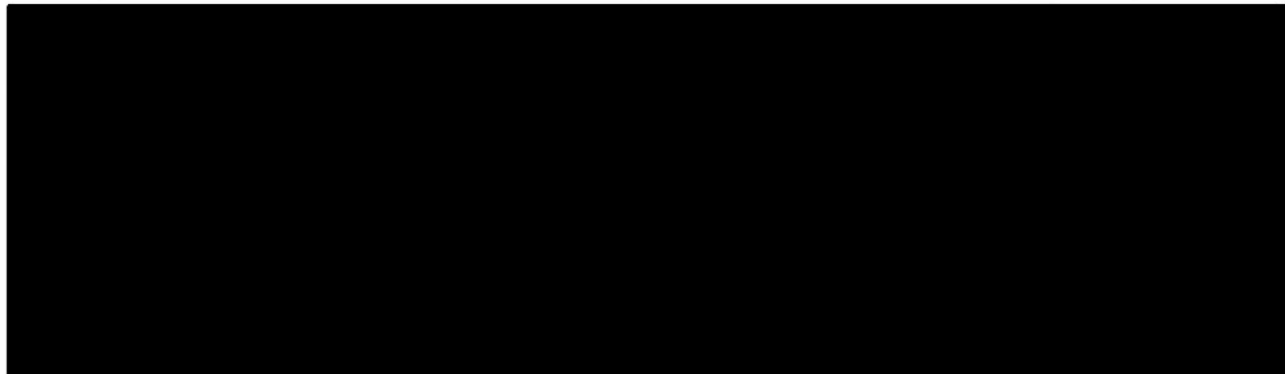
Answer: None at this time.

11) Please identify the factual basis for each of your Affirmative Defenses:

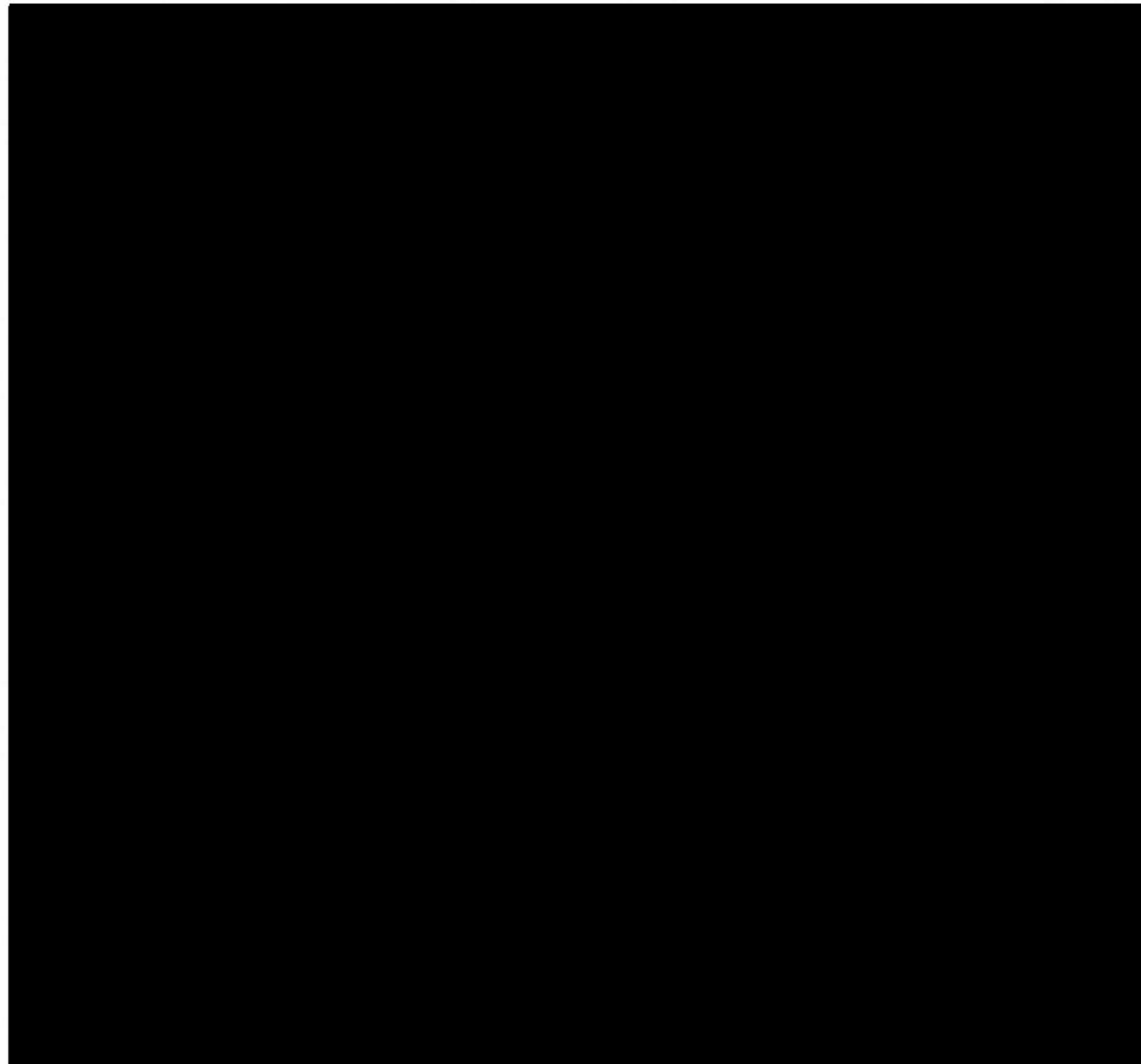


12) Please identify all administrative regulations, orders, ruling, and interpretations, administrative practices, and enforcement policies of United States agencies on which you relied to not pay overtime to Plaintiff, including the date you received, printed, and/or first consulted each.





13) For each person who worked for All VIP from March 2020 to July 2022, please state each such person's name, dates of work, position/title, and whether All VIP paid/categorized each such person as an employee and/or as independent contractor:




[REDACTED]

14) Please describe the method by which All VIP assigned and/or offered clients to Plaintiff:

[REDACTED]

[REDACTED]



15) Please identify by name, address, and phone number, all persons responsible for inputting and/or billing the time expended / documented by Plaintiff:

Answer: Liz Velazquez Mckinnon, owner and Chief Executive Officer and Diana Ramirez, the Broward area administrator based on the timesheets submitted by the Plaintiff as approved and authorized by the client.

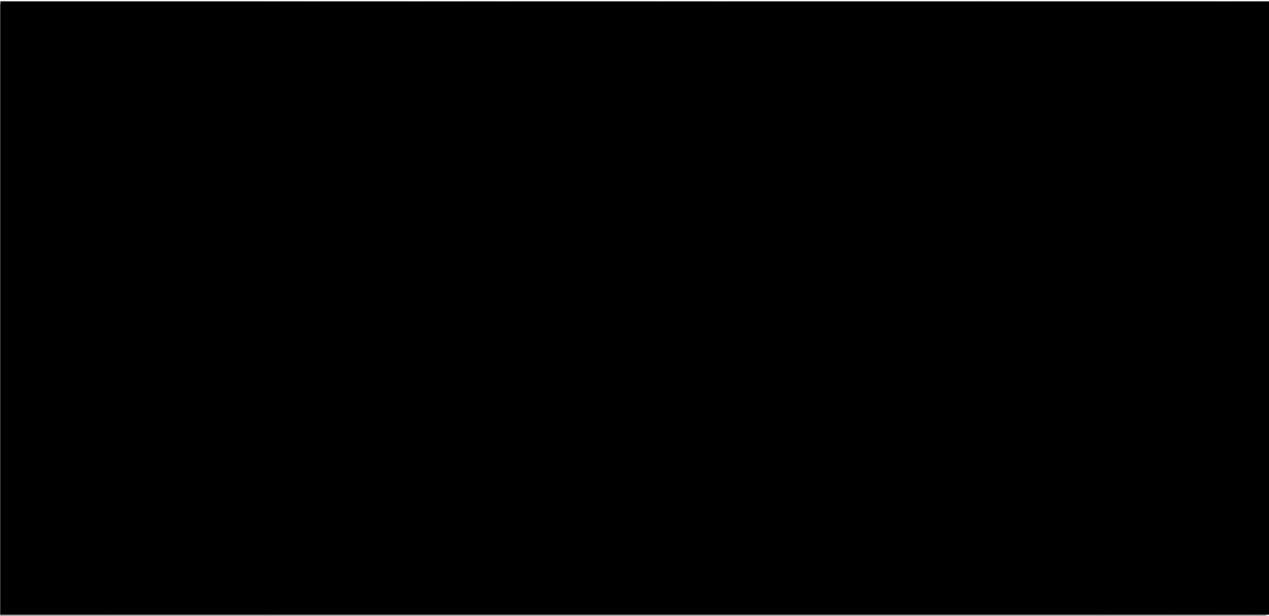
16) Please identify by name, company name, and address each accountant and/or tax preparer who provided services to All VIP from March 2020 to the present:

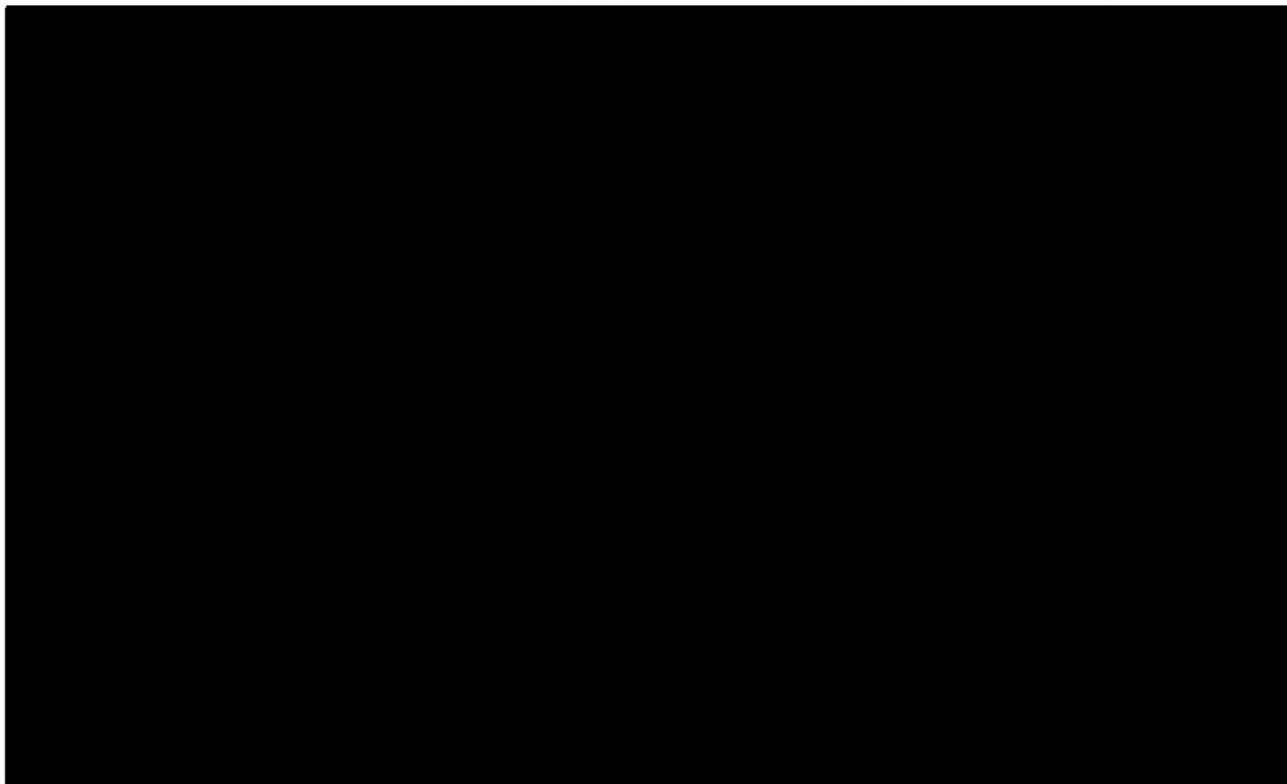
Answer: Paul Caccomo, United Tax & Financial Services, 561.242.0568, 603 Village Blvd, West Palm Beach, Florida, 33409.

17) Please identify all attorneys consulted by you regarding the classification of HHA's as independent contractors and/or as employees and/or the payment of overtime prior to the filing of the Complaint in this action and provide the substance of all advice you were provided in response, whether that advice was written/electronic, and the current custodian of each such opinion:

Answer: In business since approximately 2004, had engaged a consultant to assist in start up. Do not recall the consultant's name.

18) State your gross earnings for each fiscal quarter from January 1, 2020, to the present, including all money received by cash, by check, and by electronic funds transmission / wire transfer:

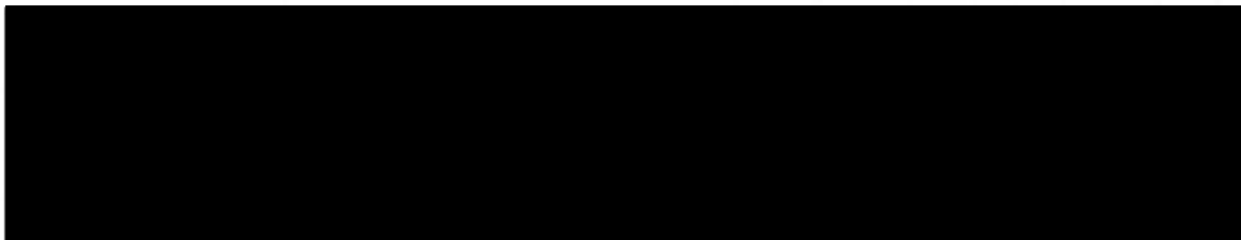




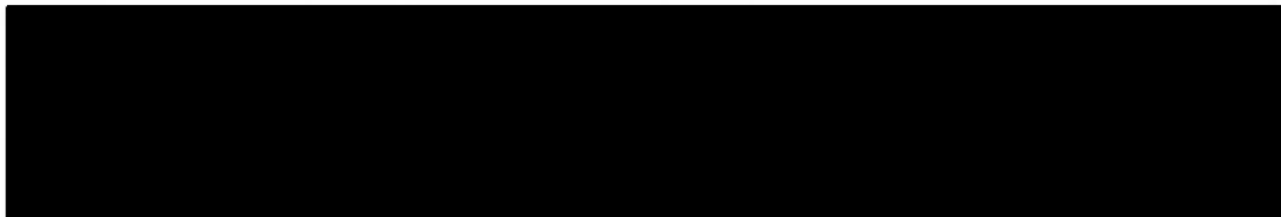
19) Identify all money that you deducted and/or reduced from the amounts paid/payable to Plaintiff:

Answer: See documents produced.

20) Describe your orientation process with Plaintiff upon the commencement of her working for All VIP as an employee or independent contractor:



21) Identify all training that you provided to Plaintiff upon the commencement of her working for All VIP and/or during her work for All VIP as an employee or independent contractor, by providing the date, time, duration, and the method(s) by which Defendants paid her to attend all such trainings:



[REDACTED]

22) Identify all persons/entities to whom All VIP submitted the hours worked by Plaintiff, including the name(s), address(es), and email address(es) for each:

Answer: The Plaintiff submits the timesheets for the times that she provided services to the client. The confirms the hours that the HHA provided her services for. The hours are then entered into HHA-Exchangee, which is the software program required by Humana's Medicaid program.

23) State the method by which All VIP claims to have paid and/or compensated Plaintiff for the time she spent driving/traveling between clients each day:

Answer: Medicaid does not reimburse for travel time or driving

24) State the reasons why All VIP failed to properly and/or timely pay Plaintiff for all of the hours that she worked in July 2022:

Answer: All VIP paid the Plaintiff properly for the services that she provided to the Clients.

CERTIFICATIONS

I hereby certify that a copy of this document was provided to: **Brian Howard Pollock, Esquire**, Fairlaw Firm, 135 San Lorenzo, Avenue, Suite 770, Coral Gables, FL 33146, Brian@fairlawattorney.com; **Toussaint Marcus Cummings, Esquire**, Quintairos, Prieto, Wood, and Boyer, 9300 South Dadeland Blvd, 4th Floor, Miami, FL 33156, toussaint@fairlawattorney.com, by email on **January 19, 2023**.

/s/ RANDY M. GOLDBERG, ESQUIRE

Florida Healthcare Law Firm

FBN: 045187

151 NW 1st Avenue

Delray Beach, FL 33444

754-224-0867

RMGEsquire@gmail.com

Randy@Randygoldberglaw.com

Interrogatory Jurat

By: /s/

Name:

State of Florida

County of

Sworn to and subscribed before me by means of physical presence or ☒ on-line
notarization this 18th day of January, 2023, by Liz Velazquez McKinnon
personally or ☒ as an authorized agent for ALL VIP CARE, INC.

By:

Notary Public, State of Florida

☒ Personally Known to Me or

Produced as identification.

